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Covert [Children Offered Vital Educational Retraining and Training] Project. Year 1.

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Involving seven Tucson school districts, a children's home, and a child guidance clinic, the Covert School (Children Offered Vital Educational Retraining and Therapy) was designed to initiate, compare, and evaluate educational approaches to the problems of emotionally disturbed children. Six distinct approaches were implemented, including a residential school, a day school, special class programs, a group approach combined with a tutorial program, a supportive teacher for children in regular classes, and recreational therapy for children in regular classes. Areas involved were identification of problem children, the teacher as team member, teacher evaluation and reporting, techniques to be demonstrated, pupil and project evaluations, teacher objectives and purposes, the teacher's professional role, classroom management, and means of teacher identification of individual problems to determine classroom procedures. The school's philosophy, location and physical plant, and organization (cooperation, coordination, admission and dismissal procedures, and implementation planning) are described. (RK)

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C children
O offered
V vital
E educational
R retraining and
T therapy

Project Year 1

To initiate, compare and evaluate educational approaches to the problems of children with behavioral disorders.

Elementary Secondary Education Act
Title III - Project 972

ED023205
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"We think of our efficient teachers with a sense of recognition, but those who touched our humanity we remember with gratitude. Learning is the essential mineral, but warmth is the life-element for the child's soul, no less than for the growing plant."

Carl Jung

INTRODUCTION

There exists a concern on the part of many educators, psychiatrists, psychologists, and social workers over the lack of mutual understanding of the contributions of each other's discipline to the mental health of children.

It has been traditional that in those cases where such services are available, a child experiencing problems affecting his adjustment and behavior at school and home comes under the care of a child guidance clinic or a private therapist. Often the two persons or groups most directly concerned with making improvements in the child, educators and clinicians, work independently of each other with almost complete disregard of the potential inherent in their coordinated efforts.

In order to demonstrate the effectiveness of such an approach to children with behavioral disorders, a proposal under ESEA Title III was submitted by seven school districts in the Tucson area in conjunction with the Arizona Children's Home and the Tucson Child Guidance Clinic.

The project is known as the Covert School (Children Offered Vital Educational Retraining and Therapy). It consists of six distinct approaches which will be outlined in the following pages.

James Vogler
Project Coordinator

THE PROBLEM AND ITS SCOPE

Recent surveys into the incidence of emotional disturbance in the public school, indicate five to fourteen percent of our school children are in need of some special help. Emotionally disturbed children are exceptional because their problems interfere with their learning ability and they are unable to receive maximum benefit from regular school placement.

In Arizona it has been estimated that 6,500 school children have behavioral disorders. At the present time less than 2 percent of these children are receiving help.

A PROFILE OF THE COMMUNITY

Greater Tucson, with its population of 250,000, is the second largest city in the state of Arizona. Economically, it is of moderate means with incomes at all levels. Its population includes a large military airbase whose children are accommodated by the Tucson School Districts. The city also includes a considerable number of health seekers and retired people. Tucson is not an industrial city but does have many small businesses. Our school population includes groups of children from all ethnic, national and religious backgrounds.

In Tucson, there are a few mental health agencies which can give extra help to the classroom teacher. The Tucson Child Guidance Clinic provides social workers, psychologists and a consulting psychiatrist. Although there is a long waiting list, emergency treatment can usually be obtained. The Mental Health Center, the Vocational Rehabilitation Center, and the Special Education Departments of the various school districts have much to offer.

IDENTIFICATION OF CHILDREN WITH EMOTIONAL PROBLEMS

It is of tremendous importance that teachers are able to identify and refer children for study. There is no doubt that far more progress may be obtained when the disturbed child is identified early and receives immediate guidance. In the past, regular classroom teachers have frequently been unable to identify these children.

How can these children be identified? The emotionally handicapped individual may be one who demonstrates "normal" emotional behavior at inappropriate times, or one who consistently develops strong and overwhelming emotions in one relationship and be relatively self-contained in another situation. It can be the child who is unable to weather the rough spots of life without caving in, becoming immobilized or exploding. In terms of their visibility to the teacher, emotionally handicapped children can be perceived as children who demonstrate one or more of the following characteristics to a marked extent and over a period of time.

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop symptoms, pains, or fears associated with personal or school problems.

"The key in differentiating the child whose behavioral deviation is caused by emotional problems and the child whose behavior is socially different is one of determining the source of the behavior. The

behavior of the emotionally handicapped child, is, to the extent of his handicap, not a matter of choice but necessity."

The behavior of the emotionally disturbed child will appear to the teacher or principal to be "driven" behavior, and his energy level will seem to be inappropriate or disproportionate to the task or situation with little freedom to adapt. He is often said to be especially stubborn and recalcitrant or a "real pushover" influenced almost completely by the wishes of others. He behaves in an automatic, repetitive pattern and seems not to profit from experience.

"Since children spend such a large portion of their time attending school, teachers are in a unique position to observe their behavior. Teachers, armed with an objectivity that no parent can be expected to possess, are in an enviable position to study the behavior of all children. It is through such observation that maladjustment can often be detected early in childhood."

The following signs and symptoms of behavior reactions suggest initial but potential maladjustment which may be helpful to the classroom teacher in attempting to identify children who may need special help.

1. Children who do not belong to any supervised social or recreational group or are not accepted by any group.

2. Children who do not play or associate with other children, those having feelings of being left out, unloved, unwanted; the withdrawing type.

3. Children who possess obvious neurotic traits and tensions such as: biting fingernails, grimacing, eye twitching, mouth activity, excretory activity, crying, giggling, sniffling, throat clearing, fidgeting, making contortions; those who retain infantile habits such as thumbsucking.

4. Children who belong to bothersome groups marked by hostility or cruelty.

5. Children who never make any trouble, over-anxiousness to please or to secure approval of actions.

6. Children who are persistently truant from home and school and who are chronic tardy offenders.

7. Children who possess belligerent attitudes; those showing cruelty to animals.

8. Children who frequently tease, annoy, cheat, lie, steal, and hit other children.

9. Children disposed to avoid a person or thing through caution or timidity, easily frightened and fearful, marked signs of apprehension.

10. Children who turn their aggression inwardly upon themselves and become sullen, moody, depressed, suspicious, distrustful, inattentive, indifferent, cowardly, seclusive, and unhappy, constantly daydreaming, absentminded.

11. Children who are constantly in need of attention, praise, reassurance; those who lack confidence or have feelings of inferiority.

12. Children who show a sudden alteration in appearance, nonconformity to patterns of their age group.

13. Children who show over-interest (for their age group) in sex matters.

14. Children who possess an abnormal attachment to their mothers.

THE PHILOSOPHY OF THE SCHOOL

The philosophy for teaching emotionally disturbed children is basically the same as the philosophy for teaching all children. It can be outlined in the objectives enunciated by the Educational Policies Commission (1938). This philosophy of the goals of education is stated in four basic objectives: self-realization, human relationships, economic efficiency, and civic responsibility. However, before these objectives can be reached, the emotionally disturbed child must be rehabilitated.

In providing special classes for the emotionally disturbed child, our main objectives are to help each child achieve his own potentialities and to guide him in such a way that he will be able to return to the regular class. The above goals necessitate very broad and flexible curriculum offerings. The Covert School Project is developing a curriculum for emotionally disturbed children. The teachers are using the state curriculum guide for content but individualize and employ special methods of instruction to better meet the varying needs and abilities of the children.

LOCATION AND PHYSICAL PLANT

The first location of Covert Day School is at 1939 East Speedway in Tucson. The building was a unit for offices converted into a temporary school building for the Day School project until the completion of a new center adjacent to the Arizona Children's Home on South 8th Avenue. Present plans call for completion of the new center and moving into the new school building in September 1967.

The children are transported to and from school by bus. Many come from some distance since the area served by the project includes Pima County. Unloading and loading the buses requires extra safety precautions due to the traffic hazards of Speedway and the size and shape of the surrounding grounds.

THE TEACHER AS A TEAM MEMBER

The teaching staff of the Day School works on the school team and also acts as a member of the clinic team. The combination of these two teams comprises the educational-clinic staff team of the Day School. The use of this team approach for helping the child blends guidance and curriculum.

A cumulative folder for each child contains psychological information, social data, psychiatric diagnosis and prognosis, medical diagnosis and scholastic achievement. The teacher compiles the information on scholastic achievement for each folder.

The teacher understands and is thoroughly acquainted with the other information in the child's folder. Inasmuch as each child is an individual needing individual treatment, each aspect of the child's case history and diagnosis must be considered before the teacher can put into action an educational plan to meet the needs of that particular child. As a team member, the teacher utilizes suggestions from other members of the team and takes these into consideration when setting up the child's program.

The Day School program specifies that, at the time of pupil placement, the teacher will participate in a casework conference to interpret

teacher and staff roles in planning immediate and long-term goals for the child. The teacher will also participate in biweekly staff conferences to discuss and compare progress in behavior and attitudes. In addition, the teacher will keep daily reports on behavior, attitudes and achievement.

The Second Year book of the Council for Children with Behavioral Disorders lists the teacher's responsibilities in the team treatment of children as follows:

1. To determine the type of program needed to meet the child's individual needs

2. To decide the tools to be used in carrying out the program

3. To recommend future placement to best meet the child's needs

4. To recommend further diagnostic evaluation and when it is necessary

5. To keep objective records, observations and reports and to communicate these to the team

6. To resolve her own conflicts with the help of the team members

7. Self-analysis

Team work is the very heart of the Day School Project. Therefore, it is extremely important that the teacher be aware of a teacher's role in the teamwork approach. The teacher must recognize his <u>role as a teacher</u>. It is teachers' responsibility to speak as fully qualified professional people and to establish their role as vitally active and important contributing members of the treatment team.

TEACHER EVALUATION AND REPORTING

Teacher evaluation is necessary as:

1. A means for identifying each child's problems
2. A point of reference for planning
3. A basis for reporting to the educational-clinic staff
4. A source of academic information for the project individual folders
5. A source of information for reports to parents
6. A means of helping each child attempt self-evaluation
7. A basis for teacher-evaluation
8. A means of assaying the effectiveness of the program
9. A method for revising plans and for making continued plans for the child's educational experiences

One important aspect of evaluation involves parent-teacher conferences. The social workers will also hold a number of conferences with parents, including a family conference in each child's home before he is enrolled in the Day School. Parents will also attend an orientation meeting at the beginning of the school year.

TECHNIQUES TO BE DEMONSTRATED

These are the general techniques to be used within the areas of educational approaches. This is followed by discussions on each of the techniques. It must be remembered, however, that the teacher and her personality are a part of the technique and all techniques will be modified in terms of this.

Structured - formal (teacher-center)

Structured - informal (teacher-pupil-individualized)

Permissive - structured (pupil-teacher planned)

Permissive - flexible

Operant conditioning - positive

Scheduled teacher-pupil remedial sessions (supportive)

Crisis interviews with psychologist and/or psychiatrist

Play-therapy scheduled sessions with psychologist and/or psychiatrist

ORGANIZATION OF THE PROJECT

Covert School is a project organized for the purpose of initiating, comparing, and evaluating educational approaches to the problems of children with behavioral disorders. It is a plan of community-interschool district coordination submitted as a joint educational project from seven coordinating school districts and two community agencies, through Tucson School District Number One, to provide preventive and therapeutic services to children with behavioral disorders in Pima County and surrounding areas.

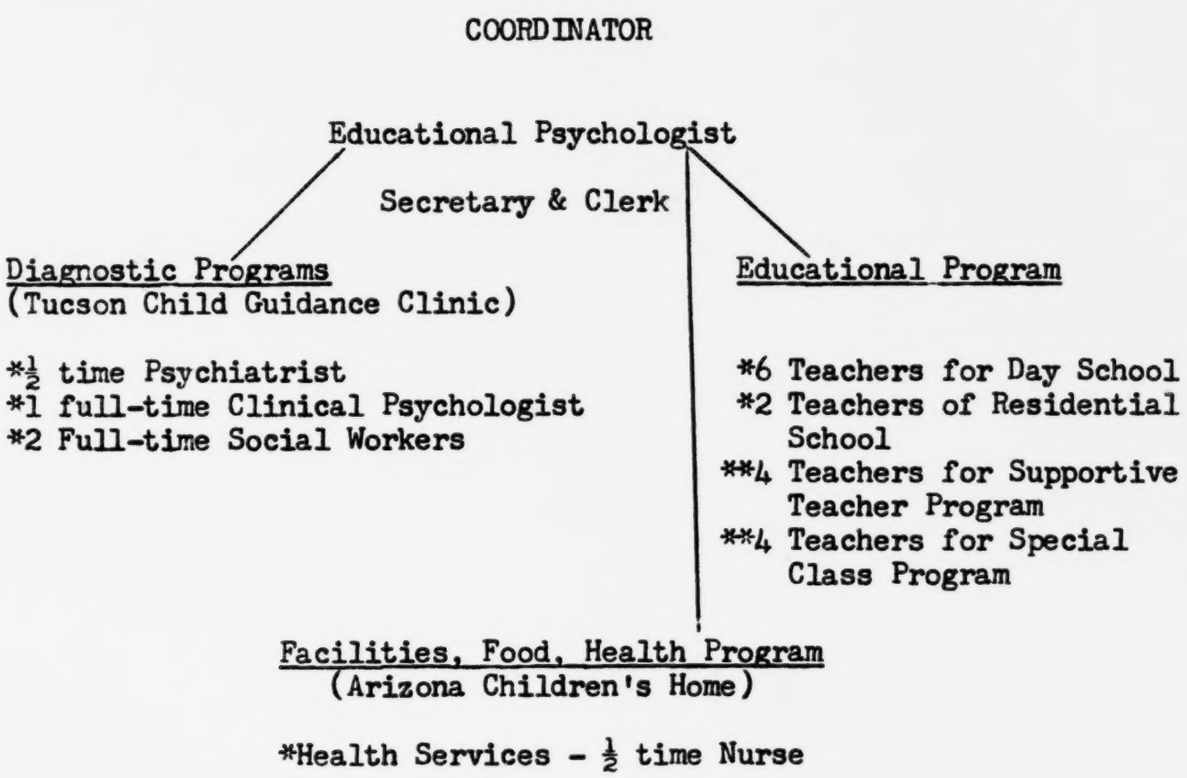
In the project, each school district participates in planning, organizing, developing teacher workshops, and in making comparative studies. Children with behavioral problems from each district are involved in the particular educational approach that will best meet his needs in the opinion of the clinical-educational staff team, (composed of psychiatrist, psychologist, social worker and teacher). Various techniques of teaching are being tested for effectiveness in each approach. These techniques are evaluated by the staff.

In-service and in-training programs and demonstrations will be offered to principals, counselors, and teachers in Arizona nearby regional areas.

Publications and brochures will be made available to all school districts throughout the United States, requesting this material.

The project has an administrative-coordinating committee composed of Directors, Supervisors, and Coordinators of Special Education or appointed members from the following:

Amphitheater District #10	Catalina Foothills District #16
Flowing Wells District #8	Marana District #6
Sunnyside District #12	Diocese of Tucson
Tucson School District #1	Tucson Child Guidance Clinic
Arizona Children's Home	Special Education Department University of Arizona



*Project funds purchase services of Coordinator, additional personnel at Tucson Child Guidance Clinic, health personnel at Arizona Children's Home, and teachers for Day School and Residential School.

**Teachers' salaries paid from local school district funds. (Amphitheater District #10 - 3, Tucson District #1 - 6)

ORGANIZATIONAL PLAN #1
(Admission & Dismissal Procedure)

1. Children are referred to the Coordinator of the project through the individual members of the Administrative-Coordinating Committee.

2. Coordinator schedules appointments for psychological, and/or psychiatric diagnostic evaluations. Social Worker is assigned for social and family work-up.

3. Screening committee composed of staff personnel and referring individual determine area of approach on basis of individual pupil needs.

4. At time of placement, casework conference is held to interpret teacher and staff roles in planning for the child. (Techniques to be used, immediate goals and long-term goals.)

5. Biweekly staff conferences are scheduled to discuss and compare progress in behavior and attitudes. Daily reports are kept by the classroom teacher on behavior, attitudes and achievement. Social workers compile parental attitudes and family conference data.

6. Children are considered for transfer to other programs on recommendation of staff, in conference with referring agency.

ORGANIZATIONAL PLAN #2
(Implementation Planning-Approaches)

Approach 1 - Residential School (2 classes) Class Pupil-Teacher Ratio 10 - 1, Total - 20 children.
These two classes are composed of qualified children from schools or agencies in the State of Arizona.
A boarding fee is arranged through Arizona Children's Home administration.
This approach accomodates those children who, because of the circumstances involved in their particular disorder, need to reside outside their own home. In residence at the Children's Home they receive intensive specialized classroom instruction as a vital element in the total therapeutic picture.

Approach 2 - Day School (6 classes) Class Pupil-Teacher Ratio 10 - 1, Total - 60 children
These six classes are composed of qualified children from a 30-mile radius of Tucson. There are special bus arrangements for transportation, provided by project funds.

The children involved in this approach live at home and attend an isolated school program with continuous therapy. Group and parent counseling is a part of the school program.

Approach 3 - Special class programs (2 classes - Amphitheater, 2 classes - Tucson District #1) Class Pupil-Teacher Ratio 12 - 1, Total - 48 children.
These four special classes are held in regular elementary schools. The teachers are certified for teaching the emotionally disturbed. Although these are self-contained classrooms, the children are integrated for playground and lunchroom activities. There is limited parent counseling. Consultive services with the psychiatrist, psychologist, and/or social worker are offered.

Approach 4 - One group of eight children and one teacher.
This will be a combination approach within Tucson District #1. It combines a group approach with a tutorial program. Each child will spend a half day in group participation in a Special Education classroom. They will then have one hour daily tutorial session with the classroom teacher or teacher-aide at home or on field trips. The social worker will contact parents for progress reports and limited counseling.

Approach 5 - "Supportive" teacher - Approximately 60 (flexible) children are in this approach. These children are in regular classes in Amphitheater, Catalina Foothills, Flowing Wells, Marana, Sunnyside, Tucson District #1, and the Diocese of Tucson. The regular classroom situation is reinforced by daily sessions with "Supportive" teacher. There are biweekly conferences with psychiatrist or psychologist. The parents regularly have group therapy sessions with social worker.

Approach 6 - Recreational - 10 children
This is a recreational-therapy approach. These children will be in regular school placement with recreational-therapy sessions daily after school program. This will be conducted by Clinical Psychologist and Social Worker.

The curriculum is determined by state and local grade placement and subject matter guides, modified on basis of emotional involvement. The curriculum emerges as the teacher becomes acquainted with her individual children and their needs.

One of the things which is special about the superior teacher of these children is her capacity to successfully adapt teaching methods to the particular kinds of children she serves, in the particular setting in which she teaches, and to her own particular personality.

EVALUATIONS

Pupil Evaluations

Clinical Psychologist

Psychological Testing

- Wechsler Intelligence Scale for Children
- Stanford-Binet Intelligence Scale
- Illinois Test of Psycholinguistic Abilities
- Bender-Gestalt
- Rorschach
- Thematic Apperception Test

Educational Psychologist

Achievement Testing

- Stanford Achievement Test
- Wide Range Achievement Test
- Gray Oral Reading Test
- Informal Reading Inventory

Psychiatrist

Psychiatric Evaluation

A test record is compiled for each child enrolled in the program, upon entrance. A re-evaluation record will be made at the end of the year. Comparisons tabulated for amount of change in level of achievement, emotional stability, adjustment to family and/or peer group, and change in measured intelligence.

A cumulative folder containing psychological information, social data, psychiatric diagnosis and prognosis, medical diagnosis, and scholastic achievement, is filed for each student in the program.

Project Evaluations

Records are kept on attendance, number of therapeutic sessions, parental contacts and sessions, number of children adjusted to regular classrooms, length of time in special program before adjustment to regular classroom, comparisons tabulated in each area of approach.

Reporting is done on total group basis on frequency and type of changes, tabulating percent making changes under each of six different approaches.

In the analysis of this data, approved statistical procedures are employed; i.e., significance of differences between percent and mean scores and coefficients of correlations. A qualified educational statistician will compute findings.

TEACHER OBJECTIVES AND PURPOSES

Teacher objectives and purposes for children with behavioral disturbances should coincide with the educational objectives and purposes for all children. However, adaptations may be required. It will be necessary to apply these adaptations on an individual basis according to the needs of each child.

Teacher-purposes appear to be threefold: (1) to acquire knowledge and understandings about each child's total situation in order to set reasonable and realistic goals for and with him (2) to help each child develop desirable skills, attitudes, understandings and appreciations necessary for present and projected needs (3) to provide needed support so that the child may move toward the accomplishment of objectives for meeting his needs.

The teacher objectives have been developed by combining and superimposing numerous lists of needs and objectives.

TEACHER OBJECTIVES AND PURPOSES

To be individually adapted from the basic needs for all children:

Physical Well-Being

To acquire knowledge and understanding of:

- genetic endowment
- physical condition, including less obvious problems such as allergies, preschool illnesses, etc.
- growth and development patterns
- maturation:
  - intellectual:
  - physical
  - perceptual

To help each child develop:

- good health practices and habits
- motor coordination and physical skills
- endurance; physical fitness
- good posture
- pleasing facial expression

To provide:

- for bodily needs within the school context
- security from violence
- a hygienic and therapeutic classroom atmosphere

A Satisfying Home Life

To acquire knowledge of the child's home situation

To help each child develop desirable skills, attitudes, understandings and appreciations related to:

- the home and family living, control of factors and forces in the physical world as applied to family living
- concepts of the place of each member in the family circle, including the child, himself
- problems of goods and services
- independence
- enjoyment and leisure time

To do a teacher's part in attempting to provide a satisfactory home environment by:

- getting acquainted with parents
- enlisting firm, sympathetic parental support
- gaining cooperation of parents in giving the child:
  - appreciation for efforts
  - a fair share of family duties that he can do well
  - generous praise
  - a place in the family circle free from comparison with siblings and others

TEACHER OBJECTIVES AND PURPOSES
(Continued)

Acceptance by Peer Group

To understand:

- each child's problem in relating
- the group's problems in accepting

To help each child develop skills, habits and attitudes for:

- successful person-to-person relationships
- competence and active participation with social groups and institutional organizations (such as the school)
- competence in control of factors and forces in the physical world
- living by a set of sound moral and ethical principles
- vocational assets:
  - adequate communication
  - good speech
  - good mental hygiene
  - acceptable personal appearance
  - bodily cleanliness
  - good manners
  - pride in surroundings
  - sharing responsibility
  - inner controls
  - appreciation of others

To provide:

- guidance in matters of hygiene and appearance
- opportunities for communication and group participation

Experiencing Success

To understand:

- standards of success related to the child's cultural background
- the child's present level of ability for use as a starting point

To help each child develop:

- motivating purpose by:
  - raising levels of aspiration
  - exploring areas of interest
  - capitalizing on abilities and aptitudes
- gearing learning to individual emotional and temperamental traits
- competencies in academic areas, especially reading
- creative self-expression

To provide:

- opportunities for turning failure into success
- many suitable learning materials
- means for displaying tangible evidence of observable results
- teacher-support

Feeling of Self-Worth

To understand:

the child's present self-image

To help each child develop:

an acceptable self-image

acceptance by the group

a reasonable set of goals based upon a realistic self-image

appreciation for the worth of all human beings and a corresponding appreciation of his own self-worth

an appreciation of creative efforts of others as well as his own

skills, attitudes, understandings and appreciations related to the world of work

To provide:

encouragement and support

opportunities for self-evaluation

guidance in making self-evaluations

CLASSROOM MANAGEMENT

Working with children with behavioral disorders has many difficulties. Through their maladjusted behavior, these children are trying to say something. The teacher may not always understand what they are trying to say through misbehavior. Nevertheless, there are many things a teacher can do to help the child develop a more acceptable behavior pattern - behavior that says for the child, " I am happy - I feel secure - I am wanted and needed by my teacher and my group - I can succeed - I am a SOMEBODY. "

A workshop session of the Council for Children with Behavioral Disorders resulted in a list of suggestions for good classroom management, including these points:

A. Techniques for avoiding deviant behavior
   1. Use of curriculum for therapy
      a. Advantages of a structured approach
      b. Emphasis on instruction at the child's level to achieve success
   2. Need for the child to know what is expected of him
   3. Importance of handling each child's needs as an individual
   4. Build in rewarding situations
   5. Change pace; relieve tensions; make fun a part of the curriculum

B. Techniques for handling deviant behavior
   1. Removal of privileges
   2. Management when child gets upset
      a. Use of quiet room - not as punishment
      b. Give adult support if this need appears greater than the need for isolation in the quiet room
      c. Train child to become aware of approaching period of upset and act out before he becomes hyperactive and uncontrollable.
      d. Use rocking chair as a soothing device
   3. Train class and each child in class to control self and group
      a. Teacher will step out of classroom at certain periods
      b. Use interaction of individuals in groups.

One of the most important aspects of classroom management for children with behavioral disorders - and for all children - is establishing a healthful classroom atmosphere. This is a rather elusive quality to prescribe since it involves the teacher's personality, teacher-pupil interactions, and interaction among the members of the group.

A mental health point of view can be used as a sound basis. The Second Annual Yearbook of the Council for Children with Behavioral Disorders contains some specific suggestions.

1. All children need success in something. Compliment, develop good rapport, give the child confidence.

2. Children are sometimes afraid of their own hostile attitudes. The attitude of the teacher is of utmost importance.

3. It is important for the teacher to understand why the child misbehaves. If at all possible, the teacher should apply techniques for avoiding deviant behavior.

4. The teacher should not battle wits or cut a child down in front of the other children; this will make him a martyr.

5. When a child misbehaves, the attention of the group needs to be redirected and channeled toward other activities. Children must be made aware that self-control is absolutely necessary.

6. With a planned routine program, the teacher can help each child form more acceptable new behavior patterns.

THE TEACHER'S PROFESSIONAL ROLE

As a member of the project team, the teacher must be prepared to assume an unusually high degree of professional responsibility. Since the purpose of the project is to develop a pilot curriculum for children with behavioral disorders, the teacher makes an effort to study the community and the pupils to determine the program, to develop curriculum-building activities, and to provide leadership for parents, pupils and other teachers in understanding and contributing to the development of the curriculum.

The teacher participates in the following professional activities:

In-Training Programs. The teacher supervises and directs teacher-aides who participate in classroom activities. The aides are graduate students majoring in Special Education in the College of Education, University of Arizona.

The teacher is prepared to cooperate with psychologists-in-training who assist in the administration of achievement tests and psychological re-tests. In the area of home-classroom relationships, the teacher helps round out the picture for social workers in field training.

In-Service Programs. The teachers demonstrate project approaches at bimonthly invitational clinics. Observers are principals, guidance personnel and others from Arizona and nearby areas.

The teacher is prepared to assist with general faculty meetings in all the schools in the area where techniques used in the project are discussed as recommended regular classroom techniques. In addition, the teacher may be asked to cooperate in a state-wide workshop for all teachers, planned on a yearly basis to acquaint teachers with recognition of symptomatic behavior reactions and educational causative factors of behavioral disorders.

The teacher assists in providing information for and in composing a pamphlet announcing the scope of the project, to be compiled during the initial year. This pamphlet will be widely distributed to State Department, County School Superintendents, school districts, Tucson Community Council and its delegate agencies, and other agencies in the country involved in this type of program. The teacher cooperates in preparing for later distribution an illustrated booklet on techniques and a summary of recommended approaches to be edited for national distribution.

Parent-Teacher Programs. The Day School has a strong parent program in coordination with the regular school program and in cooperation with the clinical staff. The teacher is expected to assume a leadership role in the Day School Parent-Teacher Club.

MEANS FOR TEACHER-IDENTIFICATION OF INDIVIDUAL PROBLEMS TO DETERMINE CLASSROOM PROCEDURES

The teacher uses a combination of all four methods shown here for a complete study of the child.

Teacher Study Plan

Written summary of

- Child's C.A. and M.A.
- School history
  - study cumulative records
  - samples of work
  - talk with previous teachers
- Psychological data
- Medical-physical data
- Social-personality traits
- Outside-of-school information
- Suggested solutions

Team Approach

Staff conferences with
- clinical staff
- school nurse
- other teachers

Professional services of
- Physicians, private
- Child Guidance Clinic
- Child Evaluation Ctr.
- Square and Compass Clinic
- So. Ariz. Mental Health Ctr.
- Pima County Health, Welfare
- Juvenile authorities

University of Arizona
- Special Education Dept.
- Rehabilitation Center
- Speech Clinic
- Remedial Reading Ctr., etc.

Administrative Departments
Tucson School District #1
- Primary-Intermediate Depts.
- Guidance Services
- Special Education Dept.
  - Speech-Audio Services
  - Remedial Reading Services

Church and Family Services

Teacher Evaluations (Informal-Diagnostic)

Perceptual
- visual
- audio
- other

Sensory
- peripheral
- central

Psychomotor

Language

Motor
- gross
- fine
- eye

Diagnostic Teaching

Combination
- continued evaluation, observation
- therapy
- perceptual training

Perspective
- comparison with normal child

PROSPECTUS 1967-1968

In addition to present activities, the project will focus on:

Construction - Day School to be built on the site of the proposed Community Mental Health Complex - South. To be completed September 1967.

Orientation - Educators from the State of Arizona will be oriented to the approaches proving most effective in the educational process.

Vocational - Planning with University of Arizona student-aides, psychologists and social workers for vocational activities related to children with behavioral disorders will be emphasized, as well as future educational activities of the Covert project students.

Education - Residential Children will be tutored during summer by students from the University of Arizona.

Research - Compilation of research data will be the focus of the Director.

Travel-Camp - Summer of 1967, the project children will camp and travel through community camp program provided by Camp Echo, (Exceptional Children Have Opportunity), Exceptional Children, Incorporated.